

## Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order. This form is available as a fill-in form on the IMLS web site (see information on electronic forms, page 2.2).

- ☐ Face Sheet (2 pages)
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative
- ☐ Schedule of Completion
- ☐ Project Budget
  - ☐ Detailed Budget
  - ☐ Summary Budget
  - ☐ Budget Justification
- ☐ Current, Federally Negotiated Rate for Indirect Costs, if applicable
- ☐ Partnership Statement, if applicable
- ☐ Proof of Non-Profit Status, if applicable
- ☐ Applicant(s) Organizational Profile
- ☐ Service Expectations/Recruitment documentation
- ☐ Assurances/Certification of Authorizing Official
- ☐ Resumes of Key Personnel (no longer than two pages per person)
- ☐ Attachments, as appropriate
  - ☐ Report from Planning Activities (e.g., Needs Assessments)
  - ☐ Products or Evaluations from Previously Completed or Ongoing Projects of a Similar Nature
  - ☐ Other \_\_\_\_\_
- ☐ 3.5 inch disk or CD

OMB No. 3137-0049

## Face Sheet

1. Applicant Organization \_\_\_\_\_

2. Institutional Mailing Address \_\_\_\_\_

3. City \_\_\_\_\_

4. State \_\_\_\_\_

5. Zip Code \_\_\_\_\_

6. Web Address \_\_\_\_\_

7. DUNS Number \_\_\_\_\_

8. Name of Project Director/Principal Investigator ☐ Mr. ☐ Ms. ☐ Dr. 9. Business Phone of Project Director \_\_\_\_\_

10. Project Director Mailing Address \_\_\_\_\_

11. City \_\_\_\_\_

12. State \_\_\_\_\_

13. Zip Code \_\_\_\_\_

14. Fax Number of Project Director \_\_\_\_\_

15. E-mail Address of Project Director \_\_\_\_\_

16. Name and Title of Authorizing Official \_\_\_\_\_

17. Business Phone of Authorizing Official \_\_\_\_\_

18. Sponsoring institution if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made. Name and address: \_\_\_\_\_19. Is the applicant organization university controlled? ☐ yes ☐ no

20. Priority addressed in this application (check only one):

- ☐ Priority 1: Master's Level Programs
- ☐ Priority 2: Doctoral Level Programs
- ☐ Priority 3: Pre-Professional Programs
- ☐ Priority 4: Research
- ☐ Priority 5: Programs to Build Institutional Capacity

21. Project Title \_\_\_\_\_

22. AMOUNT REQUESTED \$ \_\_\_\_\_

23. Amount of Matching Funds \$ \_\_\_\_\_

24. Grant Period (Starting Date) \_\_\_\_/\_\_\_\_/\_\_\_\_ — \_\_\_\_/\_\_\_\_/\_\_\_\_ (Ending Date)

25. In the space below, include names of any organizations that are official partners of the project.

CONTINUE TO ITEM NO. 26

26. Check governing control of applicant (select one) ☐ State ☐ Municipal ☐ County  
☐ Private Non-Profit ☐ Tribal Government ☐ Other, please specify \_\_\_\_\_

27. Check Type of Organization (select one)

- ☐ Public Library
- ☐ Research Library/Archives
- ☐ School library or school district applying on behalf of a school library or libraries
- ☐ Museum library
- ☐ Library Association
- ☐ Academic Library
- ☐ Special Library
- ☐ Library Consortium
- ☐ State Library Agency
- ☐ Institutions of Higher Education other than listed below:
  - ☐ Graduate school of library and information science
  - ☐ Four Year College
  - ☐ Community College
- ☐ Other, please specify: \_\_\_\_\_

28. Employer identification number/tax ID number \_\_\_\_\_

# Project Budget Form

## SECTION 1: DETAILED BUDGET

Year 1 - Budget Period from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.3–2.5 BEFORE PROCEEDING.

### SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____	_____

### SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____	_____

### FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS \$</b>			_____	_____	_____	_____

### CONSULTANT FEES

NAME/TITLE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTANT FEES \$</b>			_____	_____	_____	_____

### TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( ) ( )	_____	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS \$</b>				_____	_____	_____	_____

# Project Budget Form

## SECTION 1: DETAILED BUDGET CONTINUED

Year 1

### MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES, &amp; EQUIPMENT \$</b>		_____	_____	_____	_____

### SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL SERVICES COSTS \$</b>		_____	_____	_____	_____

### STUDENT SUPPORT (PRIORITIES 1, 2, AND 3)

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL STUDENT SUPPORT \$</b>		_____	_____	_____	_____

### OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL OTHER COSTS \$</b>		_____	_____	_____	_____

**TOTAL DIRECT PROJECT COSTS \$** \_\_\_\_\_

**TOTAL DIRECT PROJECT COSTS  
EXCLUDING STUDENT SUPPORT \$** \_\_\_\_\_

### INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 2.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 15% of modified total direct costs – may be listed only as cost sharing.
- ☐ B. Federally negotiated Indirect Cost Rate (see page 2.4).

\_\_\_\_\_  
Name of Federal Agency

\_\_\_\_\_  
Expiration Date of Agreement

C. Rate base(s) Modified Direct Costs

_____ %	of \$ _____	= \$ _____
_____ %	of \$ _____	= \$ _____
_____ %	of \$ _____	= \$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
<b>TOTAL INDIRECT COSTS CHARGED TO \$</b>	_____	_____	_____	_____

# Project Budget Form

## SECTION 1: DETAILED BUDGET

Year 2 (if applicable) – Budget Period from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.3–2.5 BEFORE PROCEEDING.

### SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____	_____

### SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____	_____

### FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS \$</b>			_____	_____	_____	_____

### CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTANT FEES \$</b>			_____	_____	_____	_____

### TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( ) ( )	_____	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS \$</b>				_____	_____	_____	_____

# Project Budget Form

## SECTION 1: DETAILED BUDGET CONTINUED

Year 2

### MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES, &amp; EQUIPMENT \$</b>		_____	_____	_____	_____

### SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL SERVICES COSTS \$</b>		_____	_____	_____	_____

### STUDENT SUPPORT (PRIORITIES 1, 2, AND 3)

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL STUDENT SUPPORT \$</b>		_____	_____	_____	_____

### OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL OTHER COSTS \$</b>		_____	_____	_____	_____

**TOTAL DIRECT PROJECT COSTS \$** \_\_\_\_\_

**TOTAL DIRECT PROJECT COSTS  
EXCLUDING STUDENT SUPPORT \$** \_\_\_\_\_

### INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 2.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 15% of modified total direct costs – may be listed only as cost sharing.
- ☐ B. Federally negotiated Indirect Cost Rate (see page 2.4).

\_\_\_\_\_  
Name of Federal Agency

\_\_\_\_\_  
Expiration Date of Agreement

C.	Rate base(s)	Modified Direct Costs		
_____	%	of \$ _____	=	\$ _____
_____	%	of \$ _____	=	\$ _____
_____	%	of \$ _____	=	\$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
<b>TOTAL INDIRECT COSTS CHARGED TO \$</b>	_____	_____	_____	_____

# Project Budget Form

## SECTION 1: DETAILED BUDGET

**Year 3 (if applicable) – Budget Period from** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **to** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.3–2.5 BEFORE PROCEEDING.

### SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____	_____

### SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____	_____

### FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS \$</b>			_____	_____	_____	_____

### CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTANT FEES \$</b>			_____	_____	_____	_____

### TRAVEL

FROM/TO	NUMBER OF: PERSONS	DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	( )	( )	_____	_____	_____	_____	_____	_____
_____	( )	( )	_____	_____	_____	_____	_____	_____
_____	( )	( )	_____	_____	_____	_____	_____	_____
_____	( )	( )	_____	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS \$</b>					_____	_____	_____	_____



# Project Budget Form

## SECTION 1: DETAILED BUDGET CONTINUED

Year 3

### MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES, &amp; EQUIPMENT \$</b>		_____	_____	_____	_____

### SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL SERVICES COSTS \$</b>		_____	_____	_____	_____

### STUDENT SUPPORT (PRIORITIES 1, 2, AND 3)

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL STUDENT SUPPORT \$</b>		_____	_____	_____	_____

### OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL OTHER COSTS \$</b>		_____	_____	_____	_____

**TOTAL DIRECT PROJECT COSTS \$** \_\_\_\_\_

**TOTAL DIRECT PROJECT COSTS  
EXCLUDING STUDENT SUPPORT \$** \_\_\_\_\_

### INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 2.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 15% of modified total direct costs – may be listed only as cost sharing.
- ☐ B. Federally negotiated Indirect Cost Rate (see page 2.4).

\_\_\_\_\_  
Name of Federal Agency

\_\_\_\_\_  
Expiration Date of Agreement

C.	Rate base(s)	Modified Direct Costs	
_____	% of \$ _____	= \$ _____	
_____	% of \$ _____	= \$ _____	
_____	% of \$ _____	= \$ _____	

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
<b>TOTAL INDIRECT COSTS CHARGED TO \$</b>	_____	_____	_____	_____

# Project Budget Form

## SECTION 2: SUMMARY BUDGET

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 2.3–2.5 BEFORE PROCEEDING.

### DIRECT COSTS

	IMLS	Applicant	Partner(s) (if applicable)	Total
SALARIES & WAGES	_____	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____	_____
CONSULTANT FEES	_____	_____	_____	_____
TRAVEL	_____	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____	_____
SERVICES	_____	_____	_____	_____
STUDENT SUPPORT	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
<b>TOTAL DIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>INDIRECT COSTS *</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

**TOTAL PROJECT COSTS** \$ \_\_\_\_\_

**AMOUNT OF CASH-MATCH** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**AMOUNT OF IN-KIND CONTRIBUTIONS** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(INSTITUTIONAL COST-SHARING), INCLUDING INDIRECT COSTS

**TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS)** \$ \_\_\_\_\_

**AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS** \$ \_\_\_\_\_

**PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS** \_\_\_\_\_ %  
(MAY NOT EXCEED 50% EXCLUDING STUDENT SUPPORT – RESEARCH PROJECTS EXCEPTED, SEE COST SHARING ON PAGE 1.9)

Have you received or requested funds for any of these project activities from another Federal agency?  
(Please check one) ☐ Yes ☐ No

If yes, name of agency \_\_\_\_\_

Date of application \_\_\_\_\_ or award \_\_\_\_\_ Amount requested or received \$ \_\_\_\_\_